STATE OF CALIFORNIA **OFFICE OF PEACE OFFICER SELECTION**
DEPARTMENT OF CORRECTIONS AND REHABILITATION

PHYSICAL ABILITIES TEST (PAT) MEDICAL APPROVAL
CORRECTIONAL OFFICER/YOUTH CORRECTIONAL OFFICER/YOUTH CORRECTIONAL COUNSELOR/ CORRECTIONAL COUNSELOR I/MEDICAL TECHNICAL ASSISTANT

OPOS 08E-PRE (5/07)

To the Candidate: Due to the nature of the Physical Abilities Test (PAT), there is some risk of injury to individuals in poor physical condition or with medical conditions. **There are some factors that will require you to obtain a medical approval *prior* to participation in the PAT.** This form is provided to address those factors and facilitate your participation in the PAT. Please fill in the identification information, review the following three questions and check all the appropriate boxes that apply to you.

NAME:	SOCIAL SECURITY NUMBER:	EXAM ID NUMBER:

1. Are you currently taking any of the following types of medication? If so, mark each type you are taking and provide the name of each medication below.

☐ Anorexiants ☐ Thyroid Medications ☐ CNS Stimulants ☐ Antidepressants ☐ Medicines with Steroids
☐ Cardiac Drugs ☐ Antiasthmatics ☐ Tranquilizers ☐ Prescription Narcotics (May include but not limited to pain and migraine medications) ☐ Antihypertensives (High blood pressure medication)

Name of medications:

_____

_____

_____

2. In the past 12 months, have you had any of the following? Please mark each one that applies.

☐ Chronic arrhythmia, heart attack, heart surgery or heart trauma
☐ Back or neck injury or surgery
☐ Eye surgery
☐ Active tuberculosis (your physician must verify 3 consecutive negative sputum specimens before you appear at the selection center).
☐ Active chronic hepatitis or hepatitis A, B or C being treated with medication

3. Do you currently have any of the following conditions? Please mark each one that applies.

☐ Medication dependent asthma ☐ Medication dependent seizure disorders
☐ Type I or Type II Diabetes ☐ Injuries for which you are currently undergoing chiropractic care or physical therapy
☐ Pregnancy ☐ Less than six weeks postpartum

Risk Factor Analysis

POINT VALUE:	0	1	2	YOUR SCORE ↓
AGE:	30 yrs. and under	31 - 40 yrs.	41 yrs. & up	
WEIGHT:	Not overweight	5 - 10 lbs. overweight	More than 10 lbs. Overweight	
SMOKING/ CHEW TOBACCO:	Never smoked/chewed tobacco	Habitual tobacco use but quit over a year ago	Smoke/chew tobacco currently or have *at least once* within the last year	
BLOOD PRESSURE (BP)	120/80 or lower	Between 120/80 and 135/85 or unknown	Above 135/85	
FAMILY HISTORY OF HEART DISEASE: (heart attack, high BP, stroke) family (parents, grandparents, brothers or sisters)	No known history	One or more in family over 60 years old with heart disease	One or more in family under 60 years old with heart disease; or adopted	
AEROBIC EXERCISE:	Exercise at least 3 times per week	Exercise twice a week or less	Exercise once a month or less	
			YOUR TOTAL SCORE→	

If you checked one of the boxes and/or you have a total score of 4 or more on the risk factor analysis, you will need to obtain a medical approval *prior* to taking the PAT. Keep in mind that any costs for getting the medical approval must be paid by you. In order for this form to be valid it must be signed by one of the following, a physician **(M.D.)**, Physician Assistant **(P.A.)**, Nurse Practitioner **(N.P.)**, or a Doctor of Osteopathy **(D.O.)**. If you have your physician complete this form, bring it with you on the day of your PAT. **Please be advised that this form is valid 90 days from the date it was signed by your physician.** If none of the above items apply to you, you can disregard this form.

_____ _____
Candidate's Signature Date

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TO EXAMINING PHYSICIAN: This Candidate may have the Physical Abilities Test listed below administered by staff of the Department of Corrections and Rehabilitation. Any condition or medication checked on the reverse side is of concern and needs to be explained by the physician in the space provided (attach additional sheets if necessary) before the exercise tests can be administered. **Names of all prescribed medications must be included when applicable.** Please sign and date the bottom of this form indicating your approval for this candidate to participate in the Physical Abilities Test.

Description of the Tests

1. **PEDOL –** Three-minute test on a stationary bicycle ergo meter with one minute of warm-up and two minutes at a pre-determined workload. The workload is related to each individual's weight (i.e., the heavier the individual, the heavier the workload). This test can be compared to a maximal stress test for individuals in below average condition. Blood pressure, heart rate, and electrocardiograph will be monitored throughout the test.

   This test predicts the candidate's ability to run 500 yards in no more than two minutes and 20 seconds in full uniform.

2. **TRUNK STRENGTH** - Requires the candidate to exert a maximal force against a cable tensiometer (a harness that is worn across the shoulders, chest, and back connected to cables). For the Flexion portion, which works the abdominal muscles, the candidate stands with his/her back to the wall and leans forward exerting force against the equipment to move the equivalent of 89 lbs. For the Extension portion, which works the back extensor muscles, the candidate faces the wall and leans backward exerting force against the equipment to move the equivalent of 109 lbs.

   This test predicts the candidate's ability to drag an unconscious person weighing 165 lbs, 20 feet in 20 seconds or less, after running 500 yards.

3. **GRIP STRENGTH -** A test of the dominant hand using a handgrip dynamometer designed to measure the candidate's grip strength (34 KG).

   This test predicts the candidate's ability to carry a stretcher containing a 185-lb person 1/8 mile with the assistance of one other person, then an additional 1/8 mile with the assistance of three people.

4. **DYNAMIC ARM** - Sitting on the floor behind a stationary bicycle, in a straddle position, the candidate must use the hands and arms to pedal a bicycle ergo meter with 2.5 kps of resistance. The candidate must complete 45 revolutions in one minute.

   This test predicts the candidate's ability to carry a stretcher containing a 185-lb person 1/8 mile with the assistance of one other person, then an additional 1/8 mile with the assistance of three other people.

5. **DYNAMIC LEG** - The candidate must pedal a stationary bicycle promoter using the legs at a rapid pace for one minute with 3.0 kps of resistance and complete 70 revolutions.

   This test predicts the candidate's ability to sprint 100 yards in no more than 19 seconds.

LIST OF CONDITIONS AND/OR MEDICATIONS:

PHYSICIAN'S CERTIFICATION: (valid for 90 days from date signed)

"I understand the type of physical abilities tests to be administered and that the tests are administered in a non-medical facility with non-medical personnel. The emergency protocol consists of administering basic first aid, CPR and activating the emergency medical system (911) on an as needed basis. Based on a review of the items marked on the reverse, the description of the tests involved, any attached material(s) and my personal evaluation of this candidate, he/she can safely perform the Physical Abilities Tests described above."

PHYSICIAN'S OR DESIGNEE'S SIGNATURE	DATE	PHONE NUMBER

PHYSICIAN'S OR DESIGNEE'S NAME (PLEASE PRINT OR TYPE)	ADDRESS (STREET, CITY, STATE, ZIP CODE)